

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION**

NOTICE OF INTENT

**TO COMPLY WITH THE TERMS OF
GENERAL ORDER NO. 5-00-175
FOR
DEWATERING AND OTHER LOW
THREAT DISCHARGES TO SURFACE WATERS**

I. CONTRACTOR/OPERATOR -If additional owners/operators are involved, provide the information in a supplementary letter.

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person	Contractor _____ Operator _____ Contractor/Operator _____		

II. PROPERTY OWNER -If additional property owners are involved, provide the information in a supplementary letter.

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

III. WATER SUPPLIERS (If applicable)

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

IV. BILLING ADDRESS:

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

V. DISCHARGE LOCATION:

-If more than one discharge is proposed, provide the information in a supplementary letter.

Street (including address, if any) _____

City/County _____

Nearest Cross Street(s) _____

Township/Range/Section T_____, R_____, Section _____, MDB&M

Attach a map of at least 1:24000 (1" = 2000') showing the discharge site. (eg. USGS 7.5' topographic map.)

The map should also show the treatment system, discharge point and surface waters. Wells and residences within 1,500 feet shall be identified.

VI. DISCHARGE INFORMATION

Please Identify type of discharge

___ Well development water

___ Pipeline/tank pressure testing

___ Construction dewatering

___ Pipeline/tank flushing or dewatering

___ Pump/well Testing

___ Condensate

___ Water Supply System

___ Other (Please describe)

Start Date _____ Stop Date _____ (estimate) Discharge Rate _____ MGD.

Is discharge continuous or intermittent? _____

VII. LAND DISPOSAL/RECLAMATION

Board policies dictate that wastewater discharges must be contained on land or beneficially re-used if practical. You must evaluate and rule out this alternative prior to any discharge to surface water under this Order.

Is land reclamation feasible? Yes _____ No _____

If no, explain. IF yes, you should contact the Regional Board. This Order does not apply if there is no discharge to surface waters.

VIII. TREATMENT SYSTEM

Please Identify

_____ None (describe why a treatment system is not necessary)

_____ Pond

_____ Other (please describe) _____

Provide a schematic drawing of the proposed treatment system.

IX. RECEIVING WATER INFORMATION

A. Name of closest receiving water.

B. Receiving water is tributary to (name major downstream water body)

X. PRIMARY POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE

Please Identify

_____ Settleable material

_____ Color

_____ Suspended material

_____ Turbidity

_____ PH

_____ Other (please describe)

_____ Chlorine

_____ Construction material pollutants

_____ Total dissolved solids

_____ Metals

_____ Trace organic compounds

Have samples been collected? _____ Yes (attach results) _____ No

Are additives in the discharge? _____ Yes (describe and quantify) _____ No

If yes, please specify the additive and/or sample result _____

XI. ABILITY TO COMPLY

Do you believe the discharge may have acute or chronic toxicity, chemical or organic constituents, bacteria, pesticides, oil and grease, radioactivity, salinity or temperature that may adversely impact beneficial uses of the receiving water? _____ Yes _____ No

If your answer is yes you must contact a Professional Engineer. A specific individual permit may be required from the Regional Board rather than this General Order.

XII. PROFESSIONAL ENGINEER

If a Professional Engineer has helped you evaluate the proposed discharge for compliance with this General Order, please identify.

Name

Mailing Address

City

State

Zip

Phone

Signature

Certificate No.

Date

XIII. FEES

A check payable to the State Water Resources Control Board in the amount of ~~\$400~~ \$2,900 (or appropriate current fee) must be submitted. *(***Note: Fee amount changed as of 7-1-02)*

XIV. CERTIFICATION

I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. By signing this NOI, I agree to closely monitor and stop the discharge if there is any violation of the General Permit. The Regional Board will be immediately notified of any violation, or threatened violation, of the General Permit.

Signature of Contractor/Operator

Signature of Property Owner

Print or Type Name

Print or Type Name

Title

Date

Title

Date